



WEST VIRGINIA INTEGRATED BEHAVIORAL HEALTH CONFERENCE

Dementia (or whatever you call it)

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What is it ?

Merriam-Webster Dictionary: “DEMENTIA”

1. Mad, Insane



2. Suffering from or exhibiting cognitive dementia



What is it ?

Merriam-Webster Dictionary: “DEMENTIA”

1. Prog
dete

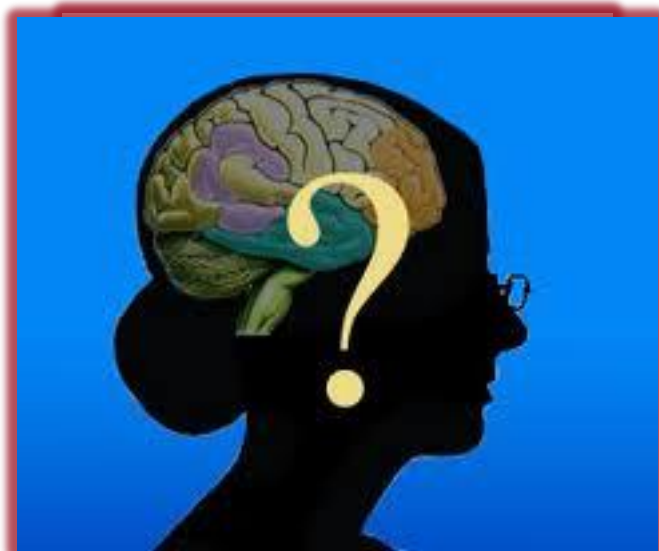
1. Mac



What is it ?

DSM-IV

“DEMENTIA”



What is it ?

DSM-III R: “DEMENTIA”

Acquired:

1. Short- and long-term memory impairment
- +
2. Impairment in abstract thinking, judgment, other higher cortical function or personality change
3. Cognitive disturbance interferes significantly with work, social activities or relationships with others
4. These cognitive changes do not occur exclusively in the setting of delirium



DSM-5: Neurocognitive Disorder

Definition:

Acquired:

Cognitive impairment in domains such as:

Memory (amnesia)

Language (aphasia)

Execution of purposeful movement (apraxia)

Recognition/familiarity (agnosia)

Visuospatial function (topographical disorientation)

Self-control/management (executive function impairment)

Mild NCD: 1 or more minor impairments, independent

Major NCD: 1 or more significant impairments, independence lost



DSM-5: Why no dementia?

- Move away from “dementia’s” negative connotation
- Better distinguish disorders in which cognitive impairment is the primary feature
- More accurately reflect the diagnostic process:
 1. Explore symptoms
 2. Identify diagnostic syndrome(s)
 3. Find the cause



NCDs. How do they happen?

- Injury to specific locations in the

Frontal

Impulsivity

Poor Judgment

Inattention

Abulia

Expressive Aphasia

Pariatal

Receptive
Aphasia

Topographical Disorientation,
Somatagnosia

Occipital

Cortical
Blindness

Anton's
Syndrome

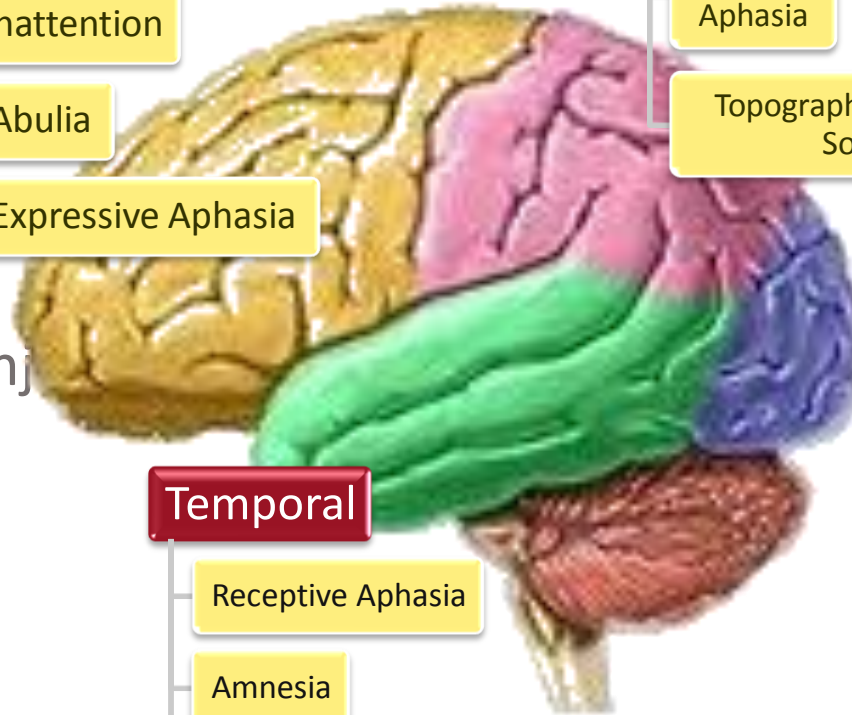
Temporal

Receptive Aphasia

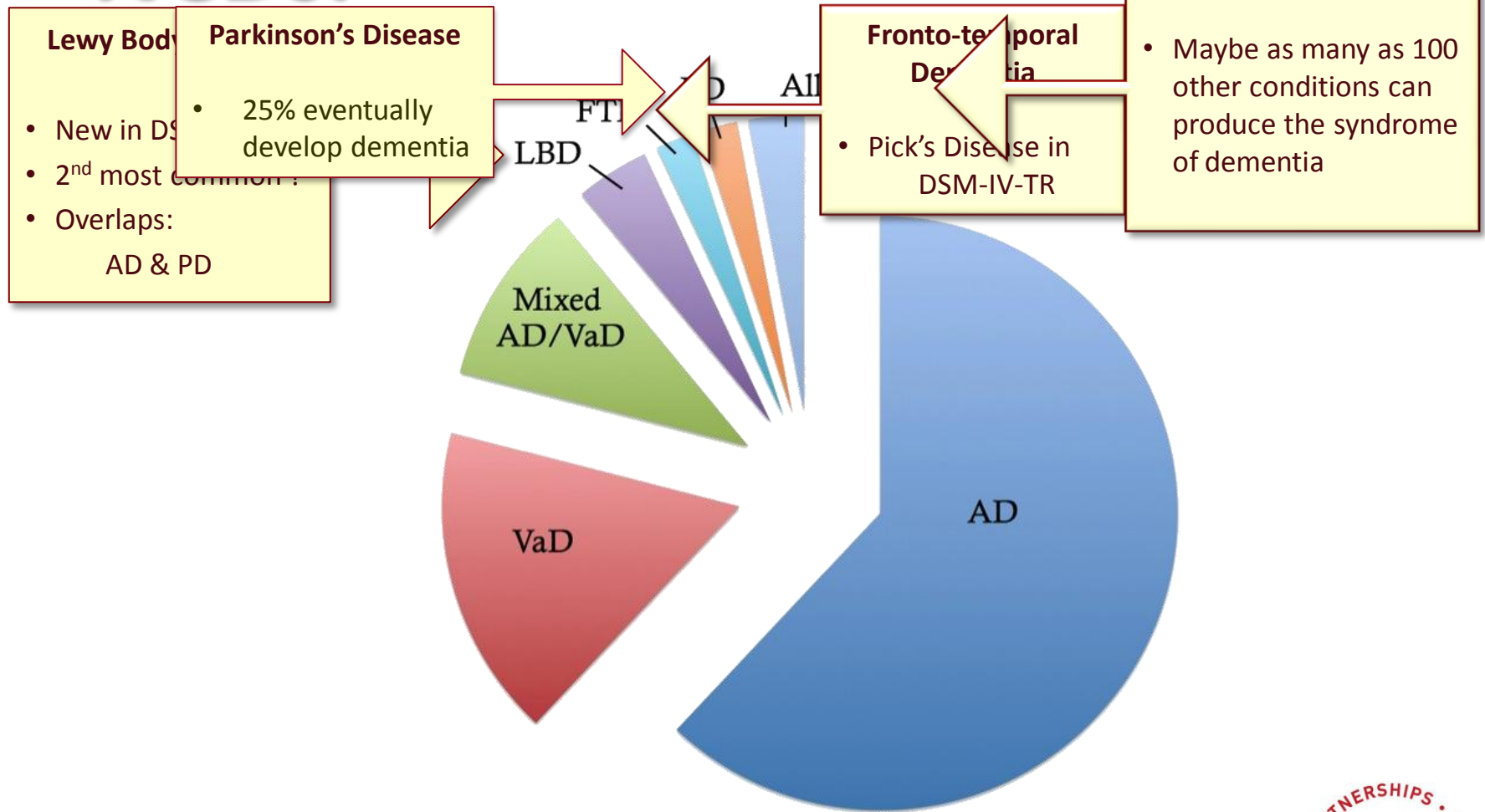
Amnesia

Dyscalculia

- Where injury

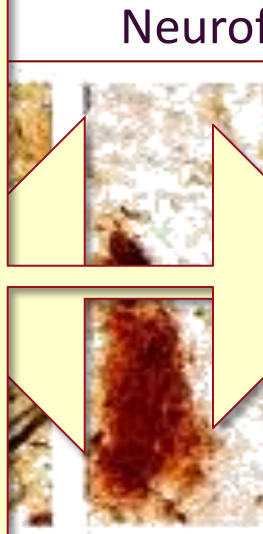


NCDs: Common Dementia Disorders



AD: What's the problem?

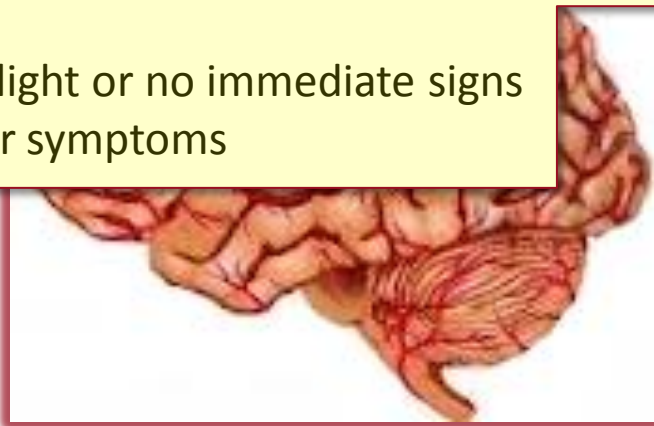
- Misshapen malfunctioning cellular transport tubes
- Twisting and kinking occur due to abnormal "Tau" protein
- No longer deliver nutrients and remove waste from distant parts of neuron



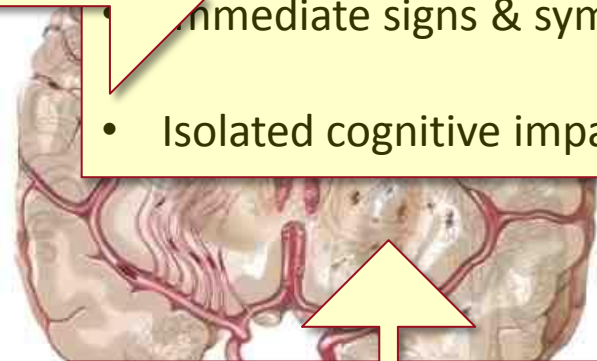
- Abnormally formed protein produced in neurons
- Excessive production or impaired clearing leads to accumulation
- Cause or effect?
(Diabetes Type III ?)
- Toxic to nearby brain cells

VaD: What's the problem?

- Tiny vessels = small injury
- Affects deep brain areas
- Slight or no immediate signs or symptoms



- Larger vessel = Larger injury
- Mostly outer portions affected
- Immediate signs & symptoms
- Isolated cognitive impairment

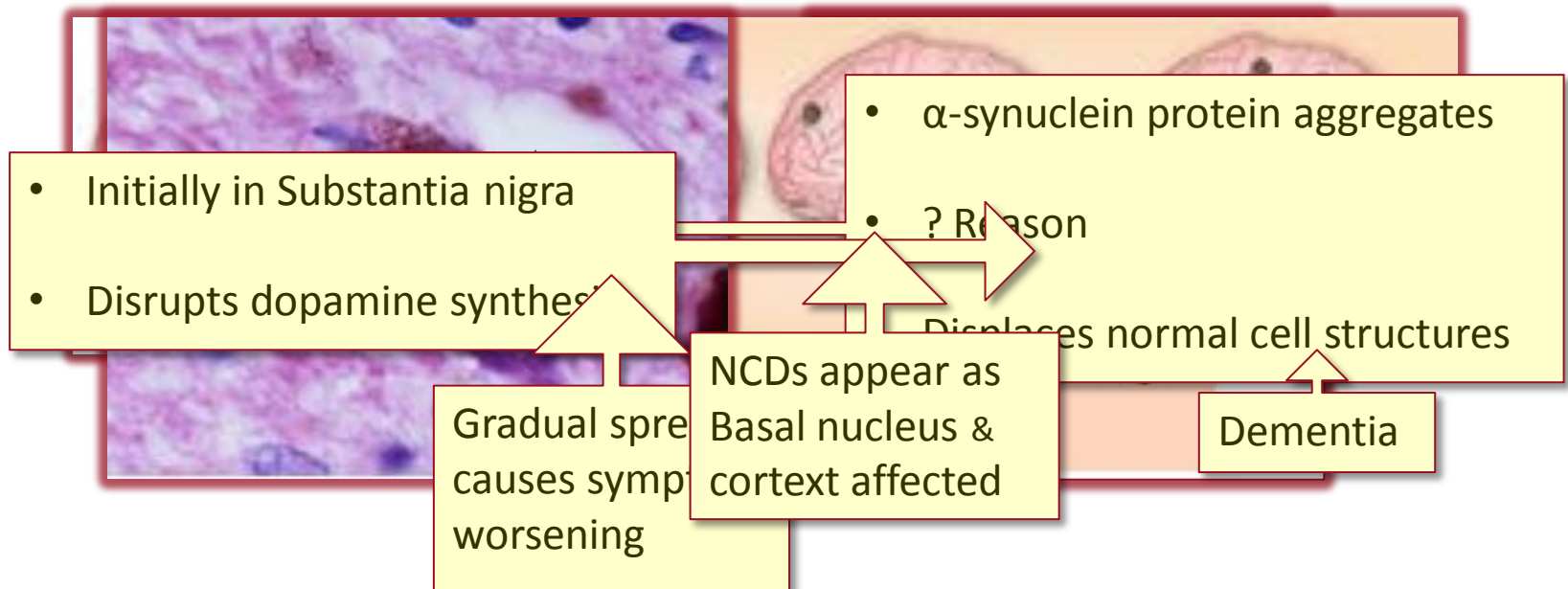


- Gradual accumulation = gradual progression of multiple cognitive deficits

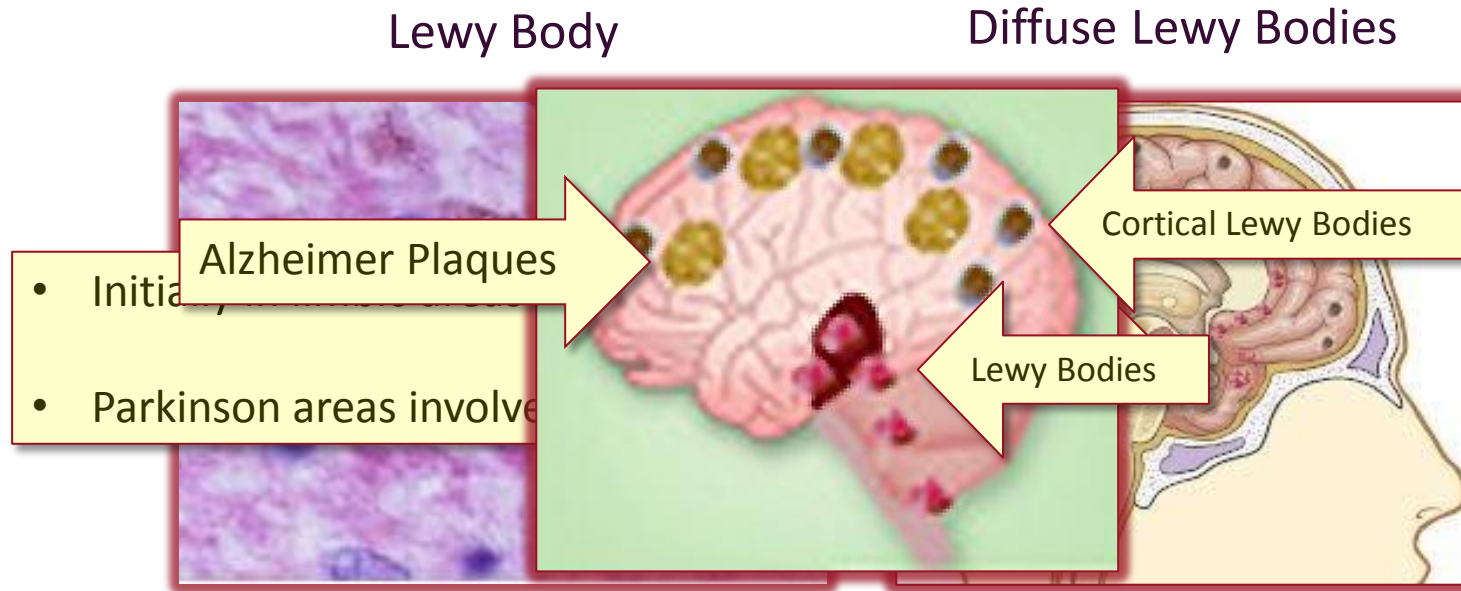
PD: What's the problem?

Lewy Body

Substantia Nigra



LBD: What's the problem?



FTD: What's the problem?

Pick Bodies

- Shrinking of brain tissue in areas controlling memory, emotions, and executive functions
- Pick's Disease (Tau 3R predominates) in DSM-IV-R
- Slightly more common in women

Frontal & Temporal Lobe Atrophy

- Tangled tau protein aggregates
- The tau variant that predominates determines the form of FTD
- All are rare
- No known genetic component

Other DSM Dementias:

- Autosomal dominant mutation of Huntingtin gene (50% inheritance)
- Degeneration of cells in basal ganglia striatum

Huntington's Disease

- Widespread viral-induced neurotoxins kill neurons
- Fungal lesions, tumors, and other masses also cause focal NCDs

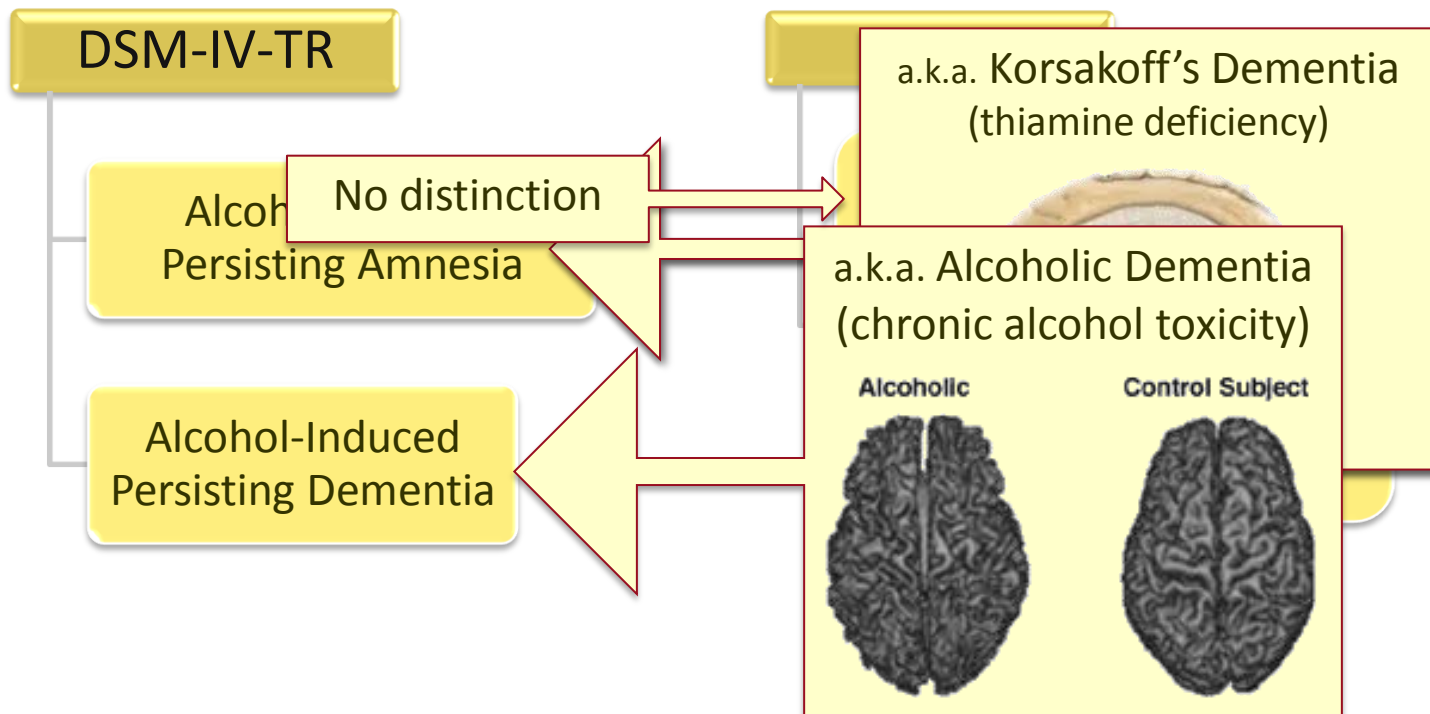
Prion Disease

- Violent brain movement snaps neuron connections leading to "retraction balls"
- Longer frontal lobe-directed fibers most vulnerable

- Non-viral infectious agents cause "spongiform" injury
- Creutzfeldt-Jacob Disease in humans
BSE-TR is human form of Mad Cow Disease

Other DSM Dementias:

Substance-Medication Induced: Alcohol



Clinical Features:

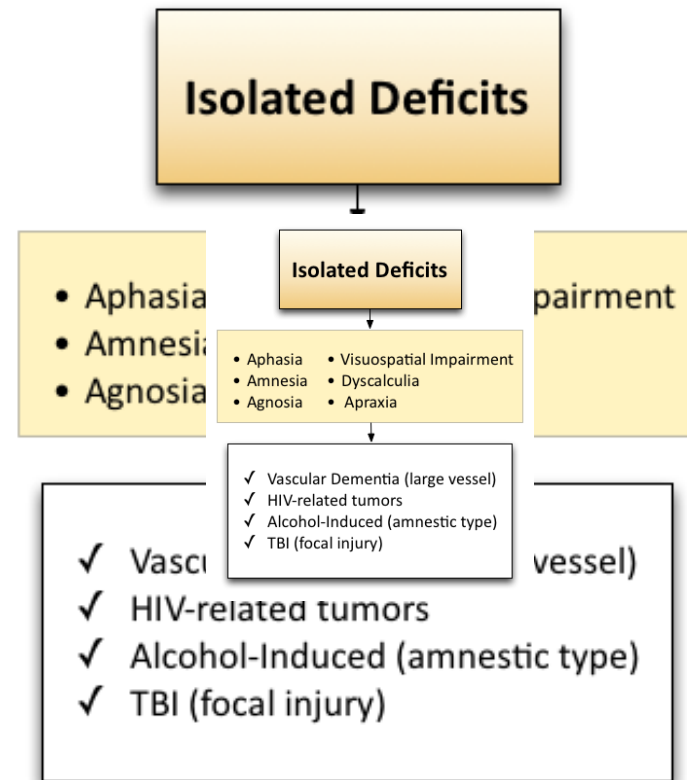
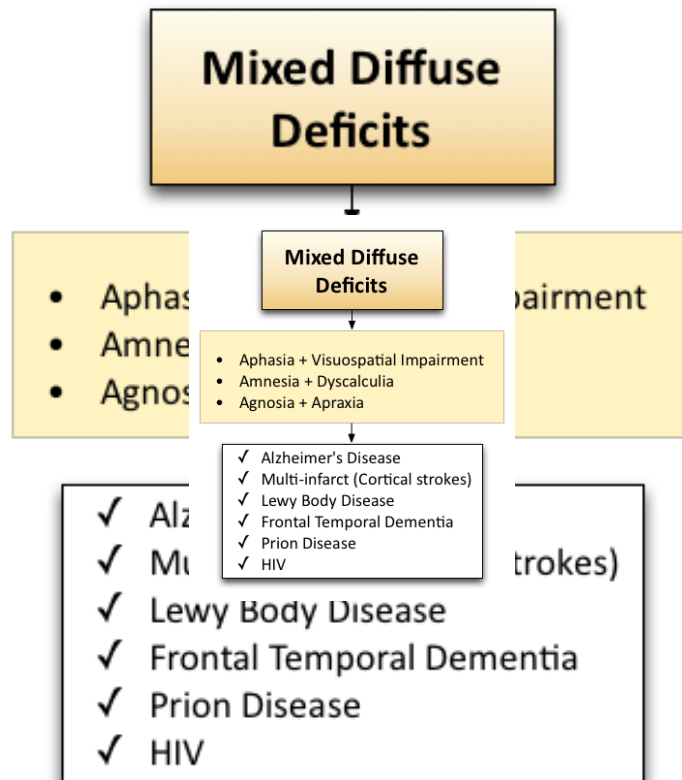
Depend on:

- Underlying Disease
 - Brain region(s) most affected
 - Diffuse v. focal injury
 - Rapidity of advancement
- Advancement Stage
 - Even global disease may be localized initially



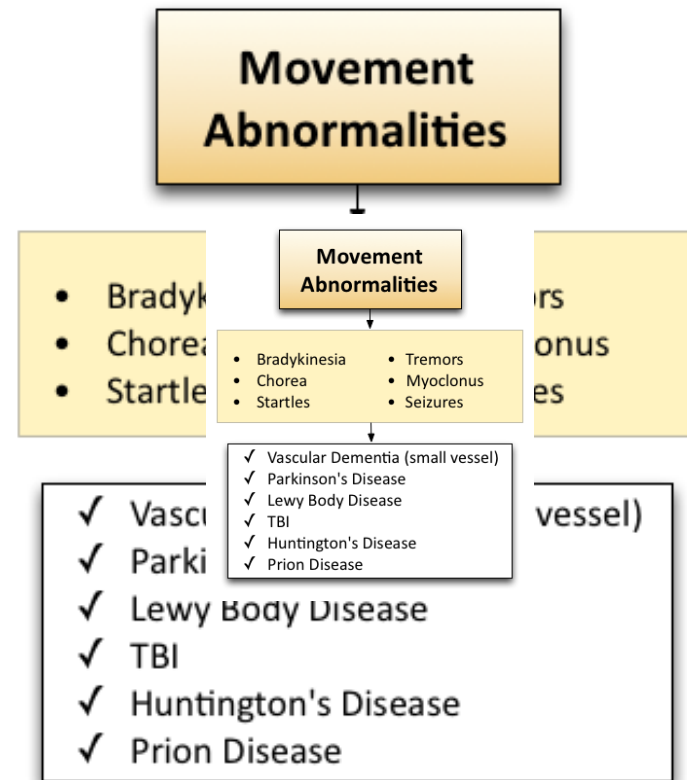
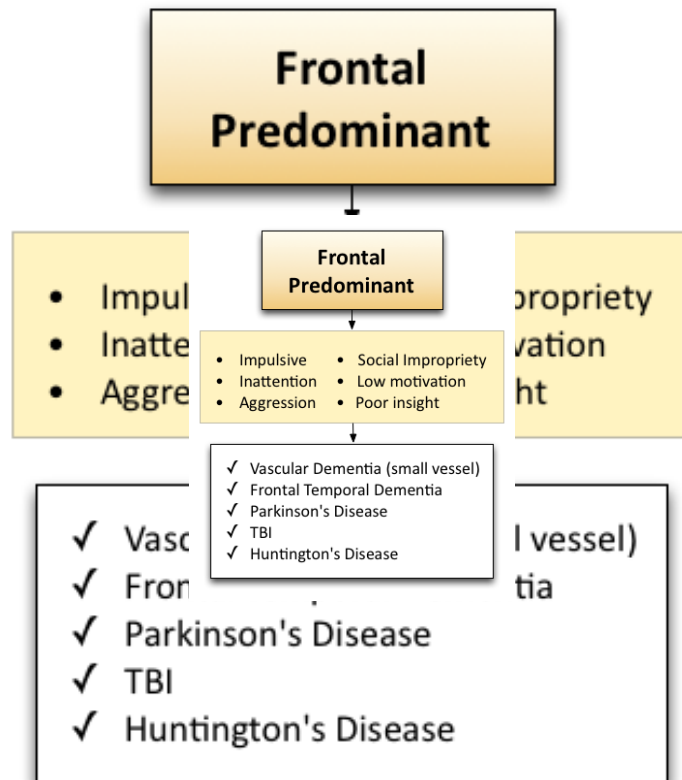
Clinical Features:

Symptom Patterns



Clinical Features:

Symptom Patterns



Patient

1. Screen

2. Assess

3. Diagnose

Family Questionnaire

Problem	Caregiver Rating			
	0	1	2	3
Repeated Questioning	None	Sometimes	Frequent	N/A
Forgets appointments, family events, etc.	None	Sometimes	Frequent	N/A
Trouble writing checks, paying bills	None	Sometimes	Frequent	N/A
Difficulties shopping independently	None	Sometimes	Frequent	N/A
Fails to follow medication instructions	None	Sometimes	Frequent	N/A
Gets lost walking or driving in familiar places	None	Sometimes	Frequent	N/A

Score of 4 or greater suggests need for further evaluation

Any Mental Health/Medical Person is:

appropriately dressed, dirty

or misses

wrong time/day)

ight loss or vague

ress

egiver to answer

o him/her

personal strain, patient



Other Tools:

Alzheimer's Association:

“Tools for Early Identification, Assessment, and Treatment of People with Alzheimer's Disease and Dementia”

alz.org/national/documents/brochure_toolsforidassesstreat.pdf



Questions/Comments:

